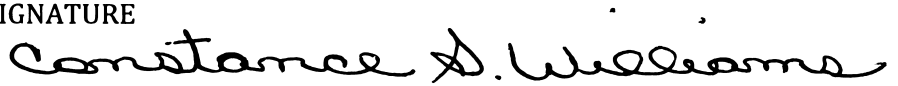


A0435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME Constance S. Williams		TELEPHONE NUMBER 866-423-3320	
DATE OF REQUEST 2/13/20		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) constance.s.williams@thomsonreuters.com			
MAILING ADDRESS 2355 Old Hanoiver Road				CITY, STATE, ZIP CODE Sandston, Virginia 23150	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER DonnaPrather			
		OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 1:19-CR-16		CASE NAME USA v. Indivior, Inc.		JUDGE'S NAME Jmaes P. Jones	
DATE(S) OF PROCEEDING(S) 01/31/20		TYPE OF PROCEEDING(S) Moption Hearing		LOCATION OF PROCEEDING Abingdon	
REQUEST IS FOR: (<i>Select one</i>) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)					
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):					
Note: Transcript has already been transcribed and cost is \$29.70					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (<i>See Page 2 for descriptions of each service turnaround category.</i>)					
<input type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day					
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 2/13/20		SIGNATURE 			

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